

<i>SERFF Tracking Number:</i>	<i>METD-125969626</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MetLife Insurance Company of Connecticut</i>	<i>State Tracking Number:</i>	<i>41346</i>
<i>Company Tracking Number:</i>	<i>MLICC-EXC (11/08)</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Internal Exchange Endorsement</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: MetLife Insurance Company of Connecticut

Product Name: Internal Exchange EndorsementSERFF Tr Num: METD-125969626 State: ArkansasLH

TOI: A03I Individual Annuities - Deferred      SERFF Status: Closed      State Tr Num: 41346  
Variable

Sub-TOI: A03I.002 Flexible Premium      Co Tr Num: MLICC-EXC (11/08)      State Status: Approved-Closed

Filing Type: Form      Co Status:      Reviewer(s): Linda Bird

Author: Barry Sullivan      Disposition Date: 01/21/2009

Date Submitted: 01/14/2009      Disposition Status: Approved

Implementation Date Requested: On Approval      Implementation Date:

State Filing Description:

## General Information

Project Name:      Status of Filing in Domicile: Not Filed

Project Number:      Date Approved in Domicile:

Requested Filing Mode:      Domicile Status Comments:

Explanation for Combination/Other:      Market Type: Individual

Submission Type: New Submission      Group Market Size:

Overall Rate Impact:      Group Market Type:

Filing Status Changed: 01/21/2009

State Status Changed: 01/21/2009      Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The above referenced form is enclosed for your review and approval. Form MLICC-EXC (11/08) is new and does not replace any previously filed or approved form.

The purpose of form MLICC-EXC (12/08) is to allow for internal exchanges to waive all or any portion of the applicable withdrawal charges with respect to all or any portion of the Cash Surrender Value that is directly transferred to an annuity contract issued by Metropolitan Life Insurance Company of Connecticut or one of Our affiliate companies. It will be issued to existing policyholders of Non-qualified and Qualified variable annuity contract forms, TL-14529 and TL-

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14539 (filed under the former company name, Travelers Life and Annuity Company) that were previously approved by your Department.

This form is submitted in final printed format and is subject to only minor modification in paper size and stock, ink, border, company logo, typographical errors and adaptation to computer printing.

Please note that policy form series to which this form will be attached is a variable annuity, which is subject to federal jurisdiction and is exempt from readability requirements.

Thank you for your review of this filing.

## Company and Contact

### Filing Contact Information

Barry Sullivan, Policy Forms Analyst bsullivan1@metlife.com  
 501 Boylston Street (617) 578-4386 [Phone]  
 Boston, MA 02116 (617) 578-5505[FAX]

### Filing Company Information

MetLife Insurance Company of Connecticut	CoCode: 87726	State of Domicile: Connecticut
1300 Hall Boulevard	Group Code: 241	Company Type: Life
Bloomfield, CT 06002	Group Name: MetLife Group	State ID Number:
(617) 578-2000 ext. [Phone]	FEIN Number: 06-0566090	
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: One endorsement, \$20.00 fee for each endorsement.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Insurance Company of Connecticut	\$20.00	01/14/2009	25017692

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/21/2009	01/21/2009

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## **Disposition**

Disposition Date: 01/21/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: METD-125969626 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Internal Exchange Endorsement		Yes

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## Form Schedule

**Lead Form Number:** MLICC-EXC (11/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	MLICC-EXC (11/08)	Certificate	Internal Exchange	Initial		0	MLICC-EXC_11-08_.doc-Primerica Exchange.pdf
		Amendmen	Endorsement				
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

## INTERNAL EXCHANGE ENDORSEMENT

**ENDORSEMENT DATE:** MM/DD/YYYY

As of the Endorsement Date, this Endorsement is attached to and made a part of Your Contract. The following is added to the Withdrawals provision of the Contract Schedule:

We may waive, by written notice, applicable Withdrawal Charges with respect to all or any portion of the Cash Surrender Value that is directly transferred to an annuity contract issued by Us or one of Our affiliate companies.

Metropolitan Life Insurance Company of Connecticut has caused this Rider to be signed by its President and Chief Operating Officer.

**Metropolitan Life Insurance Company of  
Connecticut**



**C. Robert Henrikson**  
President and Chief Operating Officer

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## **Rate Information**

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

12/30/2008

**Comments:**

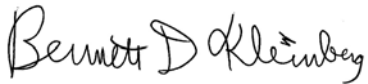
**Attachment:**

Certification.pdf

# State of Arkansas

## Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



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Bennett D. Kleinberg, Vice President

January 9, 2009

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Date